



STATE OF TENNESSEE  
DEPARTMENT OF COMMERCE & INSURANCE

**AUCTIONEER COMMISSION**

DAVY CROCKETT TOWER 6<sup>th</sup> Floor  
500 JAMES ROBERTSON PARKWAY  
NASHVILLE, TN 37243-1152  
Phone: (615) 741-3236  
Fax: (615) 741-1245

[www.state.tn.us/commerce/boards/auction](http://www.state.tn.us/commerce/boards/auction)

(Questions 1 Through 12 must be answered or application will be returned)

**APPLICATION FOR FIRM LICENSE**

1. Business name in which license will be issued and advertising will be conducted.  
  
\_\_\_\_\_  
  
a) **Mailing** address \_\_\_\_\_  
(Street & Number) (City) (State) (Zip Code)  
  
b) **Physical** address \_\_\_\_\_  
(Street & Number) (City) (State) (Zip Code)  
  
c) **Business** address \_\_\_\_\_  
(Street & Number) (City) (State) (Zip Code)  
  
d) Phone \_\_\_\_\_ Fax \_\_\_\_\_ E-Mail \_\_\_\_\_
2. Is applicant a corporation \_\_\_\_, partnership \_\_\_\_, association \_\_\_\_, company, \_\_\_\_ or proprietorship\_\_ (individual)  
  
If corporation, indicate state in which incorporated. \_\_\_\_\_ (attach charter)  
(State)
3. Branch office(s) address (es), if any. \_\_\_\_\_
4. Will firm be engaged in auction business exclusively? **NO** \_\_\_\_ **YES** \_\_\_\_
5. State name of all persons interested in the business as principals, officers, directors, or managing agents. State the capacity (title) of each.  

Name	Capacity (title)
_____	_____
_____	_____
6. List all auctioneers and apprentice (include TN Auctioneer License #'s) who are to be affiliated with your firm. Indicate status, whether **apprentice** or **auctioneer**.  

Name	License No.	Status
_____	_____	_____
_____	_____	_____
7. Has applicant ever engaged in auction activities in this state or any other state?  
**NO** \_\_\_\_ **YES** \_\_\_\_ If **Yes**, Where? \_\_\_\_\_ When \_\_\_\_\_

8. Has any partner, officer, or director ever been indicted or convicted on charges involving embezzlement, obtaining money under false pretenses, larceny, or extortion? **NO**\_\_\_\_\_  
**YES**\_\_\_\_\_ (If **YES**, attach all court documentation and a letter of explanation).
9. Are there any civil suits or judgements pending against any partner, officer or director at this time? **NO**\_\_\_\_\_  
**YES**\_\_\_\_\_ (If **YES**, attach all court documentation and a letter of explanation).
10. Has any partner, officer, or director ever had an auctioneer's license, real estate broker's or any other type of occupational license suspended, revoked, refused or disciplined by this State or any other State? **NO**\_\_\_\_\_  
**YES**\_\_\_\_\_ (If **Yes**, attach a letter of explanation).  
Where? \_\_\_\_\_
11. Does the principal auctioneer for the firm understand and accept that he will be held accountable for all professional actions of all members and employees of the firm when operating within the scope of their professional activities?
12. If **non-auctioneer** firm owner(s), list name(s) and date exam passed  
Name \_\_\_\_\_  
Date \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**AFFIDAVIT**  
**(Read Carefully)**

The undersigned by submitting this application to the Tennessee Auctioneer Commission for a license to carry on the business under the provisions of the Auctioneer's License Act of 1967, as amended, swears (or affirms) that he or she has read and is thoroughly familiar with the provisions of the aforementioned Act, and agrees to fully comply with them. The undersigned further swears (or affirms) that all of the information given in this application is true to the best of his or her knowledge and belief.

\_\_\_\_\_  
Signature: Owner(s) of Business

\_\_\_\_\_  
Signature of Licensed Auctioneer

\_\_\_\_\_  
Print Name(s)

\_\_\_\_\_  
Print Name

Subscribed and sworn to before me this \_\_\_\_\_ of \_\_\_\_\_, \_\_\_\_\_  
Day Month Year

(SEAL)

My Commission expires \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_  
Month Day Year

\_\_\_\_\_  
Notary Public

\_\_\_\_\_  
County State

**SEAL IS MANDATORY**

IN-0413 (Rev. 6/04)